

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14205**
REGISTRAR'S No. **1697**

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** REGISTRAR'S No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (In this place) 30 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Edna Nursing Home				d. STREET ADDRESS (If rural, give location) 1310 EAST ARMOUR BLVD			
3. NAME OF DECEASED (Type or Print) Mary ELIZABETH GRIGGS			4. DATE OF DEATH (Month) (Day) (Year) March 25 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			
8. DATE OF BIRTH March 22 1865		9. AGE (In years last birthday) 88		10. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) Fairview, Illinois			
13a. FATHER'S NAME Phillip Fullmer		13b. MOTHER'S MAIDEN NAME Mary Fullmer		14. NAME OF HUSBAND OR WIFE HARVEY GRIGGS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HIRAM W. ELLIOTT, 5500 OAK ST. K.S.			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia <i>Terminal</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Hypertensive Cardio-Vascular Disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 3 days over 11 years 443X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1942</u>, to <u>Mar 24</u>, 1953, that I last saw the deceased alive on <u>Mar 24</u>, 1953, and that death occurred at <u>5:20 P m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE Glenn H. Broyles (Degree or title) MD				23b. ADDRESS 1232 Professional Bldg			
23c. DATE SIGNED 3-25-53				24a. BURIAL CREMATION (Specify) BURIAL			
24b. DATE MAR 28 1953		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) FAIRVIEW ILLINOIS			
DATE REC'D BY LOCAL REG. 3-27-53		REGISTRAR'S SIGNATURE Sheldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Neenan Sons, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Albert L. Savage

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.